

Public Protection Cabinet Department of Housing, Buildings and Construction Division of Fire Prevention - Hazardous Materials Section 101 Sea Hero Road, Suite 100 Frankfort, Kentucky 40601-5405

Telephone: (502) 573-1702 Fax: (502) 573-1695

PERMIT APPLICATION TO INSTALL LIQUEFIED PETROLEUM (LP) GAS & ANHYDROUS AMMONIA (NH3) TANKS

	For Office	Use Only			
Permit No.:		Approved By:			
Amount Paid:		Date Approved:			
Installatio	n Site	Owner of	Tanks		
NAME OF BUSINESS/COMPANY (D/B/A)		OWNER/OPERATOR/COMPANY NAME			
STREET ADD	RESS	STREET ADDRESS			
CITY STAT	TE ZIP CODE	CITY STA	TE ZIP CODE		
TELEPHONE NUMBER	COUNTY	() TELEPHONE NUMBER	COUNTY		
LP GAS LICENSE # (For LP Gas Resale Only					
Installation (Type of Fa Industrial Stand-By	cility		
COMPANY NAME	LP GAS LICENSE #	☐ Bulk Plant			
STREET ADD	RESS	_	Filling – Private Use only)		
CITY STATE	E ZIP CODE	☐ Dispensing Station (I☐ Other (Please specify	Filling for Resale)		
TELEPHONE NUMBER	CONTACT PERSON	•			
() FAX NUMBER	EMAIL ADDRESS				

Installation Activities To Be Completed Under This Permit (check all that apply):

□ New Site□ Reconfiguration of existing piping		☐ Adding new tank(s) at existing site ☐ Replacing an existing tank		☐ Repair (Tank / Piping) ☐ Other (Specify):		
	Information - ank #1					
Та	ank Type: ASME A	PI-ASME	Legible Data	a Plates:	□ Yes□ No	
In	stallation is to be: Perma	nent Temporary	Tank Usage	: Aboveground	Underground	
Pr	Product Content in Tank: Tank National Board Number:		Tank Capacity (Gallons): Tank Serial Number:			
Та						
Na	ame of Tank Manufacturer: _		_ Manufacture	ed Year of Tank:		
Re	elief Valve Capacity:	CFM	Type of tank	relief device: In	ternal External	
Diameter of Tank: (Length) x (D			Diameter)	ameter)		
<u>T</u> :	ank #2					
Та	ank Type: ASME A	PI-ASME	Legible Data	a Plates:	□ Yes□ No	
In	stallation is to be: Perma	nent Temporary	Tank Usage	: Aboveground	Underground	
Pr	oduct Content in Tank:		Tank Capac	ity (Gallons):		
Та	ank National Board Number:	·	Tank Serial	Number:		
Na	ame of Tank Manufacturer:		_ Manufacture	ed Year of Tank:		
Re	elief Valve Capacity:	CFM	Type of tank	relief device: In	ternal External	
Di	Diameter of Tank: (Length) x (Diameter)					
<u>T:</u>	ank #3					
Та	ank Type: ASME A	PI-ASME	Legible Data	a Plates:	□ Yes□ No	
In	stallation is to be: Perma	nent Temporary	Tank Usage	: Aboveground	Underground	
Pr	roduct Content in Tank:		Tank Capac	ity (Gallons):		
Та	ank National Board Number:		Tank Serial	Number:		
Na	ame of Tank Manufacturer:		_ Manufacture	ed Year of Tank:		
Re	elief Valve Capacity:	CFM	Type of tank	relief device: In	ternal External	
Di	iameter of Tank: (Length)	x (I	Diameter)			

Tank #4

2.

	Tank Type: ASME API-ASME	Legible Data Plates: ☐ Yes☐ No				
	Installation is to be: Permanent Temporary	Tank Usage: Aboveground Underground				
	Product Content in Tank:	Tank Capacity (Gallons):				
	Tank National Board Number:	Tank Serial Number:				
	Name of Tank Manufacturer:	Manufactured Year of Tank:				
	Relief Valve Capacity: CFM	Type of tank relief device: Internal External				
	Diameter of Tank: (Length) x (D	ameter)				
a.	. Distance of nearest tank to closest property line which may be built upon: feet					
b.	o. Distance of nearest tank to closest important building on the same property: feet					
c.	. Type of liquid level gauging device: Slip Tube Rotary Tube Float Combination Not Applicable					
d.	. Will each tank over 2,000 gallons W.C. have an adequate pressure gauge? Yes No					
e.	Will each aboveground tank be painted a light-reflecting color?					
f.	Indicate if tank and related piping system will be protected from vehicular damage: Yes No					
g.	. Indicate if a temperature gauge will be provided? Yes No					
•	Piping Information -					
a.	Indicate type of piping:	☐ Brass ☐ Copper ☐ Polyethylene				
b.	Indicate type of tubing: Steel Brass	Copper Polyethylene				
c.	Indicate type of fittings: Steel Brass	Copper Malleable				
d.	Indicate type of Service: Liquid Vapor	Both Liquid & Vapor				
e.	Liquid service piping to be: Schedule 40 S	chedule 80				
f.	Liquid service piping connections to be: Screwed	Velded Screwed & Back Welded				
g.	Will vapor return service piping to be schedule 40 or greater?					
h.	Specify if swing joints and/or flexible connectors are to be installed: Swing Joints Flexible Connectors Both					
i.	Specify if tank openings are to be provided with excess-flow valves, if dedicated to liquid service: Yes No					
j.	Specify if tank openings are to be provided with excess-flow protection, if dedicated to vapor service: Yes No					

Piping Information (Continued) k. Specify pressure settings on hydrostatic relief valves to be 400-500 PSIG: Yes No Indicate if back-flow check valve is to be used in liquid line supplying the tank: Yes No m. Indicate if any piping will be locate underground: Yes No Depth of underground metal piping: 1. Will corrosion protection be provided on underground metal piping? Yes No 2. If cathodic protection is utilized on underground metal piping, will an insulating fitting be installed at each point where the pipe emerges from the ground? Yes No n. Will there be a tank top dispenser on the LP Gas tank? Yes No **Utilization Equipment –** If vaporizer unit be utilized specify the type: Direct-fired Indirect fired Waterbath b. Distance requirements: 1. Distance from vaporizer, tank heater, vaporizer-burner, or gas-air mixer to tank - _______feet. 2. Distance of Tank valves - _____ feet. Distance of point of transfer - _____ feet. 3. Distance to nearest important building - _____ feet. 4. 5. Distance to adjoining property line which can be built upon - ___ Distance to any flammable, combustible or hazardous materials storage tank/containers-______ feet. 6. Specify if liquid storage system will be used in a gas distribution facility: Yes No Will liquid storage system be used in an industrial plant facility: Yes No Specify if facility will utilize L.P. gas cylinders on exchange basis only: Yes No Is there a scale and pump enclosure at the end of the tank or close to tank proximity? Yes No Indicate if system will be used for D.O.T. cylinder filling or motor fuel container filling? Yes No Type of filling: D.O.T. cylinders Motor Fuel Both **Installation Requirements** "No Smoking" sign be conspicuously posted in the transfer area. An excess-flow valve (ESV) shall be provided in the steel piping at the point of the dispensing hose attachment. A listed emergency breakaway device shall be installed in the dispensing hose if the installation of tank is at a motor fuel station. Structures housing LPG transfer operations shall comply with Chapter 7 of NFPA 58. A hydrostatic relief valve shall be provided for hoses which normally contain liquid (wet hose). All electrical installations shall be performed by a Kentucky licensed Electrician and inspected by a Kentucky Certified Electrical Inspector. All electrical wiring and conduit in hazardous locations shall conform to the National Electrical Code, Class 1, Division 1 and 2 requirements and be inspected by a Certified Electrical Inspector. After assembly, piping system (including hose) shall be tested at not less than the normal operating pressure and be proven free of leaks. Properly-sized excess-flow valves shall be installed where piping size is significantly reduced. If a bulkhead will be installed, at transfer points on system utilizing over 4,000 gallons water capacity. An emergency shut-off valve shall be located at transfer points where applicable. Aboveground liquid and vapor piping shall be properly supported between the tank, transfer points, and utilization points. If vaporizer, tank heater, vaporizer-burner, or gas-air mixer is to be utilized, specifications on the unit shall be submitted with permit application. If the vaporizer is direct-fired, an emergency shut-off valve (ESV) shall be provided in the inlet piping. The point of transfer be at least: 10 feet from buildings with 1 hour fire resistive walls, 25 feet from buildings with other than fire resistive walls, 25 feet from wall openings or pits below the level of transfer where vapors can collect, 25 feet from adjoining property which can be built upon and 25 feet from public ways (streets, sidewalks, thoroughfares, etc. If a remote electrical shut-off shall be provided for transfer equipment. Remote electrical shut-off shall be conspicuously marked.

Fee Schedule

A charge of \$100.00 for the first tank and \$50.00 for each additional tank and piping system plan review fee is \$100.00 is required for this specialized review. **The required fee must accompany your application for permit.** Your check or money order should be made payable to the "Kentucky State Treasurer". The name and location of the project must be indicated on the check or money order.

I, the undersigned, do hereby agree that this installation shall comply with all applicable requirements of the "Standards of Safety" promulgated in 815 KAR 10:060, KRS 234.180 and all other applicable standards as required. All answers in this application are true and accurate to the best of my knowledge. In accordance with KRS 234.180, a copy of the original boiler inspector's report of inspection (U1A) of the tank or tanks to be used shall be submitted for liquefied petroleum gas installation(s). Contractor (Signature) Date For Official Use Only APPROVAL BY THE HAZARDOUS MATERIALS SECTION PROJECT NAME IF THE NAME HAS CHANGED, WHAT WAS IT PREVIOUSLY CALLED STREET ADDRESS CITY COUNTY PERMIT NUMBER This storage tank system was tested on with satisfactory results. The above listed permitted installation is found to have complied with the Kentucky Standards of Safety (815 KAR 10:060), and KRS Chapter 234. **Hazardous Materials Field Inspector** Badge # Date Comments: _____

Site Plan

In accordance with KRS 234.180(1)(c), a plot plan showing dimensions of the area proposed to be used for the tank and/or piping, distances to the nearest property lines and the location and construction of any buildings.